NAMÉ STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000033924 1. Entity Name CHALEDAX, INC.						FILED Jan 22, 2001 8:00 am Secretary of State 01-22-2001 90094 026 ***150.00		
Suric, Act. #, otc. Suric, Ac	7860 SUGAR BEND DR			P.O. BOX 1032 WINDERMERE FL 34786					
City & Signife Windler Park	1330 Buckineham Rd			P.O. BOX 711					
See Children to Debte See The Audition See Th	City & State			City & State		4.	4. FEI Number 59-3411183 Applied For		
WOOD, CHRISTOPHER 7880 SUGAR BEND DR ORLANDO FL 32819 8. The above named entity suffaying subsymmetry for the purpose of changing its registered drice or registered agent, or both, in the State of Florida. **SIGNATURE** **SIGNAT	Zip		Country	Zip		5.	Certificate of Status Desired	\$8.75 Add	ditional
WOOD, CHRISTOPHER 7860 SUGAR BEND DR ORLANDO FL 32819 8. The above named entity surfavors supplementagement and life purpose of changing its registered agent, or both, in the State of Florida. Signame, speace perfect names of registered speace under the purpose of changing its registered agent, or both, in the State of Florida. Signame, speace perfect names of registered speace under the purpose of changing its registered agent, or both, in the State of Florida. Signame, speace perfect names of registered perfect under the flandstate. OHE Registered agent, or both, in the State of Florida. CHICKSTOPHER WOOD 1. 6. 0.1 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Change Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME STREET ADDRESS CHY-S1-2P WOOD, CHRISTOPHER 3300 CHARLES LIMPUS RD ORLANDO FL ITILE MAKE STREET ADDRESS CHY-S1-2P TILE Deele TILE MAKE STREET ADDRESS CHY-S1-2P TILE MAKE STREET ADDRESS CHY-S1-2P TILE Deele TILE MAKE STREET ADDRESS CHY-S1-2P TILE MAKE			* - : • :			7.	Name and Address of New Registered		<u> </u>
8. The above named entry sufficiency or printer have been used entry sufficiency or printer have been dependent on the functional state of the corporation of logical agent and the functional formation agent agent and the functional function agent agent agent and the functional function agent agent and the functional function agent agent and the functional function agent agent agent and the functional function agent agent agent agent and the functional function agent agent agent and the functional function agent agent agent agent and the functional function agent age	7860 SUGAR BEND DR					(Same) (WOOD, UNKISCOPHER)			
SIGNATURE	URL	ANDO FL 328	19						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) September 4 Agent algorithms required when remaining a frust Fund Contribution. \$5.00 May Be Added to Fees	8. The above	named entity s	utimitathis stalement fo	the purpose of changing its				L 3E	10-1
Tax filing requirement and elects to do so (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. Sp. 100 May Be Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME SIREET ADDRESS OTTY-ST-ZIP ORLANDO FL ORLANDO FL NAME SIREET ADDRESS OTTY-ST-ZIP ORLANDO FL ORLANDO FL NAME SIREET ADDRESS OTTY-ST-ZIP ORLANDO FL ORLANDO FL ORLANDO FL NAME SIREET ADDRESS OTTY-ST-ZIP ORLANDO FL ORLANDO FL ORLANDO FL NAME SIREET ADDRESS OTTY-ST-ZIP ORLANDO FL ORLANDO FL ORLANDO FL NAME SIREET ADDRESS OTTY-ST-ZIP ORLANDO FL ORLANDO FL ORLANDO FL ORLANDO FL NAME SIREET ADDRESS OTTY-ST-ZIP ORLANDO FL ORLANDO FL ORLANDO FL ORLANDO FL NAME SIREET ADDRESS OTTY-ST-ZIP ORLANDO FL ORLANDO F	SIGNATURE	Signature, typed or	printed name of registered agent a	CHRIST	OPHER W	ture required when		.01	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Tax filing requirement and elects to do so.			After MAY 1, 2001 Fee will be \$550.00		550.00			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	11.		OFFICERS AND		12.		DDITIONS/CHANGES TO OFFICERS AN		
Title	NAME STREET ADDRESS	WOOD, CHI 9030 CHAR	LES LIMPUS RD	☐ Delete	NAME STREET ADDRESS	W00D,	CHRISTOPHER BUCKINGHAM ROAD	•	∐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME	NAME Street address			☐ Delete	NAME STREET ADDRESS		en trick, tu-se	Change	Addition
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STREET ADDRESS STREET ADDRESS				☐ Delete				☐ Change	☐ Addition

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports fine and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trust see in power do to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an executive state of the powered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1.6.01 (407)234 0698
Dayume Phone #